

**IMMUNIZATION HISTORY FOR NEW STUDENT REGISTRATION**

STUDENT'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

OTHER LAST NAMES USED \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX  M  F  OTHER  
YYYY / MM / DD

SCHOOL TO ATTEND \_\_\_\_\_

STUDENT'S ONTARIO HEALTH CARD NUMBER \_\_\_\_\_

STUDENT'S PRIMARY ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAMES OF PARENTS/GUARDIANS 1: \_\_\_\_\_ 2: \_\_\_\_\_

DATE FORM COMPLETED \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY / MM / DD

Please complete the top of this form and:

- 1) Report your child's immunization record to the Health Unit by going to [hkpr.icon.ehealthontario.ca](http://hkpr.icon.ehealthontario.ca)  
**OR**
- 2) Attach a copy of your child's immunization record to this form.

Once complete, return the form to the school when you register your child. The school will forward this form to the Health Unit.

The Haliburton, Kawartha, Pine Ridge District Health Unit is required under the Immunization of School Pupil's Act (ISPA) to collect and maintain up-to-date immunization records for every child registered in school. The ISPA states that parents are required to provide the Health Unit with proof of completed immunization for measles, mumps, rubella, tetanus, diphtheria, pertussis (whooping cough), polio and meningitis. **Varicella (chicken pox) immunization is ONLY required for children born in 2010 and later.**

If you choose not to immunize your child, you must complete either a Statement of Medical Exemption or Statement of Conscience or Religious Belief Affidavit. Please contact the Health Unit for more information at 1-866-888-4577, ext. 1507

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Any personal and personal health information that you provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment and reporting purposes. Your information may be shared within the Health Unit and as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at [www.hkpr.on.ca](http://www.hkpr.on.ca) or contact the Medical Officer of Health, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6 or 1-866-888-4577.

PROTECTION · PROMOTION · PREVENTION



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